

Jurisdiction:

Payment Request Form

Grant Name:			Year:	CFDA No.:
Category:	n: Faujoment: Planning	Training Evereice: Pegi	anal Paspansa: (CCP: Load: Parcappal: M8 A: ata)
(Law Enforcement Terrorism Prevention; Equipment; Planning, Training, Exercise; Regional Response; CCP; Lead; Personnel; M&A etc.) The equipment or services listed below have been received, the vendor has been paid, and reimbursement is being requested.				
I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.				
Signature:			Date:	
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Vendor	Investment Category	Reimbursement Amount Requested		Description
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A separate form must be submitted for each grant and year. Please attach all required documentation and mail to:

Total \$

SD Department of Public Safety Office of Homeland Security 118 W Capitol Ave Pierre, SD 57501